

MISSISSIPPI DEPARTMENT OF CORRECTIONS
CENTRAL MISSISSIPPI CORRECTION FACILITY
RECEPTION AND CLASSIFICATION CENTER

SOCIAL ADMISSION

INTERVIEWED BY: JNB
RECEIVED DATE: 5/21/99 DOC# B 0677

IDENTIFICATION

NAME: Henshill, Willie B M [REDACTED]
(LAST/FIRST/MIDDLE) (RACE) (SEX) (DATE OF BIRTH)

SS#: [REDACTED] HEIGHT: 5'10" WEIGHT: 155 HAIR COLOR: BLK
EYE COLOR: BRO COMPLEXION: DARK

MARKS/SCARS/TATTOOS: Surgical scar on left leg! Lt arm M.D.

IN CASE OF EMERGENCY NOTIFY

[REDACTED] Mother [REDACTED]
NAME RELATIONSHIP ADDRESS
[REDACTED] [REDACTED] [REDACTED] [REDACTED]
CITY STATE ZIP CODE PHONE

CRIMINAL DATA

DATE OF SENTENCE	ENTRY TYPE	COUNTY OF CONVICTION	CAUSE#	TERM	OFFENSE
<u>1/8/99</u>	<u>Prob</u>	<u>Montgomery</u>	<u>—</u>	<u>545</u>	<u>Shoplifting</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SOCIAL ADMISSION CONTINUED

INMATE'S NAME:

Nemphill, Willie

PROBATION TO FOLLOW

00

MONTHS

SENTENCE BEGIN

NR

PAROLE ELIGIBILITY

DATE

NR

DISCHARGE

DATE

NR

ACCOMPLICES:

NO One

INMATE'S VERSION OF CRIME:

Stole a quart of beer

PRIOR RECORD (FELONIES)

NR

STATE OFFENSE TERM YEAR TERM BEGAN

STATE	OFFENSE	TERM	YEAR TERM BEGAN

JUVENILE RECORD

NR

OFFENSE TERM DATE IN

OAKLEY			
COLUMBIA			
OTHER			

AGE AT FIRST ARREST:

19

CRIMINOGENIC HISTORY

NR

FAMILY MEMBER

ARRESTED

OFFENSE

JAIL TERM

INSTITUTION

SOCIAL ADMISSION CONTINUED

INMATE'S NAME: Humphill, Willie

MENTAL HEALTH

HISTORY OF MENTAL ILLNESS: YES: ☒ NO: ☐

DATE OF HOSPITAL ADMISSION:

DATE OF OUTPATIENT ADMISSION:

NAME & LOCATION OF HOSPITAL/CLINIC:

PHYSICIAN'S NAME:

HISTORY OF MENTAL HEALTH PROBLEMS IN THE FAMILY: YES: ☐ NO: ☒

ALCOHOL & DRUG USE

DRUG	USAGE	AGE USAGE OCCURRED	RELATED TO OFFENSE	METHOD CONSUMED
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

OTHER FAMILY MEMBERS USERS? YES: ☒ NO: ☐
COMMENTS: _____

GROUP/GANG AFFILIATIONS

NAME OF GROUP

LOCATION

RELIGION: Baptist

(ATTENDANCE) NONE: ☐ SELDOM: ☒ REGULAR: ☐

FAMILY DATA

INMATE'S MARITAL STATUS: SINGLE: ☒ MARRIED: ☐ DIVORCED: ☐
SEPARATED: ☐ WIDOWED: ☐ NOT LEGALIZED: ☐

SPOUSE (NAME/ADDRESS/PHONE) _____

PARENT'S MARITAL STATUS: INTACT: ☐ DIVORCED: ☒ SEPARATED: ☐
NOT LEGALIZED: ☐

SOCIAL ADMISSION CONTINUED

INMATE'S NAME: Hemphill, Willie

DEPENDENTS

NR

NAME _____ AGE _____ ADDRESS/RESIDE WITH _____

PLACE OF BIRTH: MS Montgomery Winok
STATE COUNTY CITY

FATHER: [REDACTED] AGE [REDACTED]

PHONE / OCCUPATION IF DECEASED (DATE OF DEATH)

MOTHER: [REDACTED] ADDRESS [REDACTED]

PHONE / OCCUPATION ED (DATE OF DEATH)

SIBLINGS

NR

NAME _____ AGE _____ CITY/STATE _____ PHONE _____ OCCUPATION _____

MILITARY SERVICE

NONE: ☒ NONORABLE DISCHARGE: _____ OTHER DISCHARGE: _____
BRANCH: _____ SEPARATION DATE: _____ SERIAL#: _____

EDUCATION

ELEMENTARY: K-6th Winona Elm Winona, MS
GRADE SCHOOL NAME CITY/STATE

HIGH SCHOOL: GED Valley St. Univ J H A Beau, MS
GRADE SCHOOL NAME CITY/STATE

COLLEGE: NR
CLASSIFICATION SCHOOL NAME CITY/STATE

SOCIAL ADMISSION CONTINUED

INMATE'S NAME: Humphill, Willie J.

EDUCATIONAL GOALS: College

VOCATIONAL INTEREST: Ind. Elect / Carpentry

OCCUPATIONAL HISTORY AND EXPERIENCES: (TWO MOST RECENT)

EMPLOYER'S NAME: Pro-Turf Landscaping Co.

YOUR OCCUPATION: Landscaper

DATE OF EMPLOYMENT: FROM: 1995 TO: 1998















EMPLOYER'S NAME: Honey Restaurant

YOUR OCCUPATION: Cook

DATE OF EMPLOYMENT: FROM: 1989 TO: 1994

CAREER GOAL: To return to school, receive a degree in computer skills

RECREATIONAL INTEREST AND HOBBIES: Fishing

LAST NAME FIRST NAME MIDDLE HEMPHILL, WILLIE J.		MDOC NO. R0677		SEX <u>M</u> RACE <u>B</u>		Leave Blank	
Aliases		DATE [REDACTED]		Class _____			
Prisoner's Signature <i>Willie Hemphill</i>		FBI NO.		REF _____			
Official Taking Impressions <i>D. McDuffie</i>		SID NO. SID		NCIC CLASS EPC			
		SSN SOC [REDACTED]					
		Caution					
							
1. Right Thumb		2. Right Index		3. Right Middle		4. Right Ring	
							
5. Right Little							
							
6. Left Thumb		7. Left Index		8. Left Middle		9. Left Ring	
							
10. Left Little							
							
Left Four Fingers Taken Simultaneously		Left Thumb		Right Thumb		Right Four Fingers Taken Simultaneously	

MISSISSIPPI DEPARTMENT OF CORRECTIONS, IDENTIFICATION DIVISION, PARCHMAN, MISSISSIPPI

ATTACH PHOTO HERE	DATE OF BIRTH		HT. (IN)	WEIGHT
	[REDACTED]		5' 10"	150
	EYES	HAIR	COMPLEXION	
	BROWN	BLACK	BROWN	
	BIRTHPLACE		OCCUPATION	
MS.		LANDSCAPING		
<p>Marks, Scars, or Amputations TATTOO ON UPPER LEFT ARM "M.D." AND "SWEET BERNA" ON UPPER RIGHT SURGICAL SCAR ON LEFT SIDE OF HIP AND LEG.</p>				
DATE RECEIVED	COUNTY	CRIME	SENTENCE	
05-21-99	MONTGOMERY	SHOPLIFTING	5 YEARS	
CRIMINAL HISTORY				

MISSISSIPPI DEPARTMENT OF CORRECTIONS
CENTRAL MISSISSIPPI CORRECTIONAL FACILITY
INMATE IDENTIFICATION CARD ISSUE FORM

NAME HEMPHILL, WILLIE J. DOC# R0677 DATE ISSUED 05-21-99

THE CMCF I.D. CARD IS STATE PROPERTY AND SHALL NOT BE DESTROYED OR DAMAGED IN ANY WAY. NON-COMPLIANCE WITH RULES RELATING TO THE USE OF YOUR IDENTIFICATION CARD CAN AND WILL RESULT IN DISCIPLINARY ACTION AND/OR LOSS OF PRIVILEGES. I FURTHERMORE UNDERSTAND THAT IF I LOSE, MISPLACE OR DESTROY THIS I.D. CARD, I WILL HAVE TO PAY A \$2.00 REPLACEMENT CHARGE.

X With Hemphill R0677
INMATE SIGNATURE

Beall
ISSUED BY

1st COPY TO INMATES MASTER FILE
2nd COPY TO I.D. DEPT.
3rd COPY TO INMATE

NAME

NUMBER

AGE

CUSTODY

RED NO.

REA

INFRAC

REMOVED TO FILE COPY

MISSISSIPPI DEPT
OF CORRECTIONS

ROSPHILL, WILLIE R0677

05-21-99

DLR BRN 150 5'10"

BAR PRO 150 VIO 10

SHOPLIFTING

MONITORING 5 YEARS

MISSISSIPPI DEPT
OF CORRECTIONS

ROSPHILL, WILLIE R0677

05-21-99

DLR BRN 150 5'10"

BAR PRO 150 VIO 10

SHOPLIFTING

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SHOPLIFTING

MONITORING 5 YEARS

MISSISSIPPI DEPT
OF CORRECTIONS

ROSPHILL, WILLIE R0677

05-21-99

DLR BRN 150 5'10"

BAR PRO 150 VIO 10

SHOPLIFTING

MONITORING 5 YEARS

MASTER FILE COPY

RED TAG

DATE: 05-21-99

TO: UNIT ADMIN

I, Offender _____ MDOC # _____
request that I not be housed with offender _____
because _____

SIGNATURE OF INMATE

C. Leone

WITNESS SIGNATURE

S. Miller

WITNESS SIGNATURE

MDOC #

Cm

POSITION

Cm

POSITION

I, Offender WILLIE HEMPHILL MDOC # R0677

know of no offender that I should not be housed with.

X Willie Hemphill

SIGNATURE OF INMATE

X R0677

MDOC #

cc: Central Classification
Central Records
Unit Files

MISSISSIPPI DEPARTMENT OF CORRECTIONS

COMMITMENT REPORT

R0677-PRO-VIO

NAME HEMPHILL WILLIE J ALIAS _____
LAST FIRST MIDDLERECEIVED: Month 05 Day 21 Year 99 COUNTY OF CONVICTION MONTGOMERYOFFENSE SHOPLIFTINGSENTENCE 5 YEARSDATE OF SENTENCE 04-08-99 AFFIRMED _____ PRO. REV. _____RACE BLACK SEX MALE DATE OF BIRTH [REDACTED] AGE 27HEIGHT 5'10 WEIGHT 150 COMPLEXION BROWN BUILD MEDIUMEYES BROWN HAIR BLACK MARKS, SCARS, TATOOS, AMPUTATIONS: TATOO ON UPPERLEFT ARM "M.D." AND "SWEET BERNA" ON UPPER RIGHT SURGICAL SCAR ON LEFT SIDE OF HIP AND LEGIN CASE OF ACCIDENT NOTIFY: [REDACTED] RELATION: [REDACTED]ADDRESS [REDACTED]PHON [REDACTED]

PHYSICIAN'S REPORT

Physical Handicaps/Impairments: NoneMental/Psychiatric Disorder evident? None

WORK CLASSIFICATION:

☒ CLASS 1 : Able to work any job to which assigned. Includes road crew, field crew, etc.☐ CLASS 2 : May do light outdoor work (Includes light 10-15 lbs lifting, some construction, etc.) --- No logging, heavy lifting, strenuous field work.☐ CLASS 3 : May do any type indoor work (Includes cleaning, lifting, etc.) No direct exposure.☐ CLASS 4 : May do light indoor work (Includes clerical, other desk work, etc.)☐ CLASS 5 : Medically unable to work, disabled; must sign authorization/waiver to be assigned to any duty/work responsibility.

DATE

5/27/99

PHYSICIAN

[Signature]OCCUPATION LANDSCAPINGFBI No. _____ Old MDOC No. _____ S.S.N. [REDACTED]